FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section

FORM D

NOTICE OF SALE OF SECURITIES FEB 2 7 2008 PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** Washington, DC SECTION 4(6), AND/OR 110 UNIFORM LIMITED OFFERING EXEMPTION

1428	773
OMB API	PROVAL
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SEC USE ONLY						
Prefix		Serial				
	l					
	DATE	RECEIVED				
	1					

Name of Offering (☐ check if this i	s an amendment and n	ame has changed, and indi	icate change.)		
Convertible Promissory Notes for ZUI	KAY Live Foods, LI	.C			
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing: New Filing Ame	endment				
	A. BA	SIC IDENTIFICATION	ON DATA		
 Enter the information requested: 					
Name of Issuer (check if this is	an amendment and nar	ne has changed, and indic	ate change.)		
ZUKAY Live Foods, LLC					
Address of Executive Officers	(Number and Street	, City, State, Zip Code)	Telephone Numb	ei (1887) (1919) (1777) (1870) 2020	11688 AMERICAN BINS 88811 f
P.O. Box 514, Elverson, PA 19520			610-286-0473		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street	, City, State, Zip Code)	Telephone Numb	08041398	
Brief Description of Business	·				
Development of food products.					
Type of Business Organization					
□ corporation	☐ limited partr	nership, already formed	🗷 other (plea	se specify): limited liabili	ty company
☐ business trust	☐ limited parts	nership, to be formed		PROCECO	-
	**-	onth Year			ED
Actual or Estimated Date of Incorporation		07	☑ Actual ☐ Estima	ited MAD a a	Ø
Jurisdiction of Incorporation or Organization		J.S. Postal Service abbrev FN for other foreign jurisc		"" MAR 0 & 2008	1 7
	CN for Canada,	rivitor odici torengii jurisc	netion)	THOMAS	
GENERAL INSTRUCTIONS				THUMSON	
Federal:				"-!NANCIAL	

Who Must File: All issues making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to the address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Part B and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 OF 9

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☑ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Grzybek, Scott Business or Residence Address (Number and Street, City, State, Zip Code) c/o ZUKAY Live Foods, LLC, P.O. Box 514, Elverson, PA 19520 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				I	B. INFOR	MATION	АВОИТ О	FFERING					
1.	Has the iss	suer sold, or	does the iss	uer intend to	sell, to nor	-accredited	investors in	this offering	;?			Yes	No Œ
Answer also in Appendix, Column 2, if filing under ULOE.								u	-				
2.	What is th	e minimum	investment t	that will be a	accepted fro	m any indiv	idual?					\$ 0	
					-								
3.	Does the o	offering pern	nit joint owr	ership of a	single unit?					*****************		Yes ⊠	No □
4.	Enter the i	nformation	requested fo	r each perso	n who has t	een or will	be paid or gi	ven, directly	or indirect!	ly, any comr	nission or	_	_
similar renumeration for solication of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the													
	broker or e	dealer. If me on for that br	ore than five	(5) persons									
Full Nan		ne first, if in		er only.		***				· · · -			
Business	or Residen	ce Address (Number and	l Street, City	, State, Zip	Code)							
Name of	`Associated	Broker or D	ealer										
States in	Which Pers	on Listed H	as Solicited	or Intends to	Solicit Pur	chasers			-				
	(Check "A	All States" or	check indiv	idual States	i)								tates
	AL	AK	AZ	AR	CA	co	СТ	DE	DC	FL	GA	HI	ID
	IL	IN	lA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full Nan	ne (Last nam	ne first, if in	dividual)										
Business	or Residen	ce Address (Number and	Street, City	, State, Zip	Code)							
		·											
Name of	Associated	Broker or D	ealer										
States in	Which Pers	on Listed H	as Solicited	or Intends to	Solicit Pur	chasers							· · ·
	(Check "A	All States" or	r check indiv	vidual States	s)							☐ All S	States
	AL	AK	AZ	AR	CA	со	СТ	DE	DC	FL	GA	н	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	Mi	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full Nan	ne (Last nan	ne first, if in	dividual)	12									
Business	or Residen	ce Address (Number and	l Street, City	, State, Zip	Code)						· · · · · · · · · · · · · · · · · · ·	
Name of	`Associated	Broker or D	lealer										
	. 10000111174	0.0.0	•										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								······································					
(Check "All States" or check individual States)													
	AL	AK	AZ	AR	CA PV	[CO]	[CT]	DE	[DC]	FL	GA	HI	
	IL NE	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC VA	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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I-PH/2851515.1

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	OCEEDS	3	
I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Types of Security	Aggr Offerin		Amount Already Sold
	Debt	\$		\$
	Equity	\$		s
	□ Common □ Preferred			
	Convertible Securities (including warrants) (Convertible Promissory Notes)	\$ <u>500</u> ,	<u>000</u>	\$ <u>105,000</u>
	Partnership Interests	\$		s
	Other (Specify)	\$		\$
	Total	\$_500,	000	\$ 105,000
	Answer also in Appendix, Column 3, if filing under ULOE.			· · · · · · · · · · · · · · · · · · ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
			nber stors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2		\$ <u>105,000</u>
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
		Тур	e of	Dollar
	Type of Offering NOT APPLICABLE	Sec	urity	Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			S
	Total			S
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	***********		\$
	Printing and Engraving Costs		ū	\$
	Legal Fees		×	\$_15,000
	Accounting Fees			s
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)		Ď	\$
	Other Expenses (identify)			\$
	Total		×	\$ 15,000

	C. OFFERING PRICE, I	NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	}	
	- Question 1 and total expenses fur	aggregate offering price given in response to Part C nished in response to Part C – Question 4.a. This ceeds to the issuer."			
	•			\$ 485,000	
5.	be used for each of the purposes sho furnish an estimate and check the bo	justed gross proceed to the issuer used or proposed to own. If the amount for any purpose is not known, ox to the left of the estimate. The total of the sted gross proceeds to the issuer set forth in response		TOTAL STATE OF THE	
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		□ \$	□ \$	
	Purchase of real estate		\$	□ \$	
	Purchase, rental or leasing and insta	Ilation of machinery	ПS	□ \$	
	· •	ldings and facilities	_		
	Acquisition of other businesses (inc offering that may be used in exchan	luding the value of securities involved in this ge for the assets or securities of another			
	•		· · · · · · · · · · · · · · · · · · ·	□ \$ <u>_</u>	
	Repayment of indebtedness		□ \$ <u>_</u>	□ \$	
	Working capital		□ \$	≅ \$ <u>485,000</u>	
	Other (specify):		□ \$	□ s	
			D \$	□ s	
				□ \$ <u>485,000</u>	
	Total Payments Listed (column tota	ls added)	□ \$ <u>485,000</u>		
		D. FEDERAL SIGNATURE		· ·	
the fo	llowing signature constitutes an undert	igned by the undersigned duly authorized person. If the aking by the issuer to furnish to the U.S. Securities and imished by the issuer to any non-accredited investor put	Exchange Commi	ssion, upon	
	(Print or Type)	Signature	Date		
	Y LIVE FOODS, LLC	And my	February J	L, 2008	
	of Signer (Print or Type)	Title of Signer (P) in or Type)			
Scott	Grzybek	President			

<u> </u>		E. STATE SIGNATURE		
١.		230.262 presently subject to any of the disqualific	ation Yes	No
	Sec App	endix, Column 5, for state response.		
2.	<u> </u>	dertakes to furnish to any state administrator of an 00) at such times as required by state law.	y state in which this not	ice is filed a
3.	The undersigned issuer hereby unby the issuer to offerees.	dertakes to furnish to the state administrators, upo	n written request, inform	nation furnished
4.	Uniform limited Offering Exemp	s that the issuer is familiar with the conditions that tion (ULOE) of the sate in which this notice is file has the burden of establishing that these condition	d and understands that the	
	ssuer has read this notification and ki signed duly authorized person.	nows the contents to be true and has duly caused the	is notice to be signed or	n its behalf by the
Issuer	(Print or Type)	Signature	Date	
ZUKA	AY LIVE FOODS, LLC	Jum In L	February	16,2008
Name	(Print or Type)	Title (Print or Type)		
Scott	Grzybek	President		

